DOA Information Returns Compliance Survey for CY 2005

Please return this survey by Wednesday, March 8, 2006

Agency Name **Agency Code ________**
____ **Agency EIN __________**

Fiscal Officer Name_________________________Telephone & E-mail:_____________________________

Contact Person for Survey____________________Telephone & E-mail:_____________________________

1. Were information returns filed for Calendar Year 2005? Yes ___ No ___

2. Does your agency file information returns on behalf of other state agencies? Yes ___ No ___ If yes, list the other state agencies (by agency code).____

3. Does your agency have a current W-9 on file for each information return recipient? Yes____ No ___
If No, are steps being taken to obtain current W-9's? Yes______ No _____

4. Did your agency process information returns for 2005 with backup withholding payments due to missing or incorrect Taxpayer Identification Numbers. Yes: ___ or No ___If yes, please provide the name and phone number of the person knowledgeable in this area: ______________________.

5. Did your agency receive any IRS penalty, or proposed penalty, notices, in tax year 2005? Yes___ No____If yes, please provide the name and phone number of the person knowledgeable in this area:_______________ ______________________

6. Does your agency participate in DOA's 1099 Adjustment and Reporting System (ARS)? Yes ___ No ____.
If yes, put an "X" in front of the ARS reports that you received, and how did your agency receive them?
By Reportline____, By Remote Print ________Other (Explain):______________________________
_____ACTB 3005, Daily Adjustment Transaction Listing
_____ACTR 3005, Option D1, 1099 Reportable Transactions (Monthly and Annually)
_____ACTR 3005, Option D2, Potentially 1099 Reportable Transactions (Monthly and Annually)
_____ACTR 3010, Detail Reportable Transactions with Adjustments (Quarterly and Annually)
_____ACTR 3015 Reportable Transactions with Adjustments (Annually)
_____ACTB 3035 Vendor Payments Subject to Information Returns Reporting (Annually)
_____ACTB 3040 Vendor Payments Subject to Information Returns Reporting by State (Annually)

7. Was FINDS used to download your 1099 data? Yes ___ No ___ N/A____If yes, which file format? AMS _____ or ASCII Flat file ____, and did you have problems with your download? Yes ___ No ___ N/A____
If Yes, describe the problems, and how your resolved them. Attach an explanation, or describe on reverse.
Please provide the name & phone number of person doing the FINDS download_________________

8. **Did CAPP Topic 70805, *1099 Adjustment and Reporting System (ARS)* (Revised December 2005)** provide sufficient guidance regarding the ARS and the FINDS 1099 Download Yes ___ No ____ N/A____

9. What software did your agency use to prepare the 1099-MISC information returns? _____________

10. Does your agency participate in the Combined Federal/State Filing System described in IRS Publication 1220? Yes ___ No ______What were the advantages?_____________________________________

11. Did your agency's information returns include all applicable Small Purchase Charge Card expenditures Yes____ No_____, and were the Merchant Category Codes helpful? Yes____ No_____

12. Did **CAPP Topic 20320, *Information Returns Reporting* (Revised December 2005)** provide sufficient guidance to prepare your information returns? Yes ___ No ___ If no, what improvements would you suggest? ____

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13. In December, 2006, a one-day training class is planned in the Monroe Building in Richmond (Details To Be Announced) with ARS training in the morning, and Compliance training in the afternoon. Please estimate the number of staff who may be interested in the AM________ and/or PM ________ sessions. If not applicable to your agency, please indicate "None" in the AM &/or PM boxes.

14. Provide the following data for information returns filed for tax year 2005. PROVIDE THE TOTAL FOR ALL AGENCIES FOR WHICH YOU ARE RESPONSIBLE. To the right of the dollar amount, place an "X" in the appropriate column for the IRS filing method used – paper (P), magnetic media (M), or electronic (E).

Form Type	Contact Person	Contact Person's Phone Number	Number of Returns Filed	Dollar Amount	P	M	E
1042-S See Note (1)							
1098-T See Note (2)							
1099-A							
1099-G							
1099-INT							
1099-MISC							
1099-Q							
1099-R							
1099-S							
W2-G (Do Not list W-2's)							
Other (Indicate):							
Totals							

PLEASE COMPLETE AND RETURN SURVEY TO DOA BY MARCH 8, 2006

Attention: Nick Whitby
P. O. Box 1971
Richmond, VA 23218-1971

Phone Number: (804) 371-7808
Fax Number: (804) 786-9201 or (804) 225-3499
E-Mail Address: Nick.whitby@doa.virginia.gov

Note (1): Since the Survey must be returned before the March 15 deadline for filing the Form 1042-S, you may submit an estimate of the number and dollars by March 8, and update any changes by telephone or by e-mail message not later than March 20. If you do not submit any changes by March 20, your earlier estimate will be considered final.

Note (2): When reporting the amounts on the Forms 1098-T, you may report either the amounts received (Box 1) or the amounts billed (Box 2).

1099SVY05